

<i>SERFF Tracking Number:</i>	<i>FLWR-125609090</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Florists' Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>08-6</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>AR WC Item U-1397 Adoption 7-1-08</i>		
<i>Project Name/Number:</i>	<i>AR WC Item U-1397 Adoption 7-1-08/08-6</i>		

Filing at a Glance

Company: Florists' Mutual Insurance Company

Product Name: AR WC Item U-1397 Adoption 7-1-08 SERFF Tr Num: FLWR-125609090 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$25

Sub-TOI: 16.0004 Standard WC

Co Tr Num: 08-6

State Status: Fees verified and received

Filing Type: Rule

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Author: Danielle Milby

Disposition Date: 04/15/2008

Date Submitted: 04/15/2008

Disposition Status: Approved

Effective Date Requested (New): 07/01/2008

Effective Date (New):

Effective Date Requested (Renewal): 07/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: AR WC Item U-1397 Adoption 7-1-08

Project Number: 08-6

Reference Organization: NCCI

Reference Title: Units-Countrywide Item U-1397-Statistical Plan for Workers Compensation and Employers Liability Insurance-States

Approvals as of April 4, 2008

Filing Status Changed: 04/15/2008

State Status Changed: 04/15/2008

Corresponding Filing Tracking Number: 08-6

Filing Description:

Florists' Mutual Insurance Company is filing to adopt the changes referenced in NCCI Circular UNITS-2008-01 and approved in NCCI Circular UNITS-2008-02 effective July 1, 2008.

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number: UNITS-2008-02

Advisory Org. Circular: UNITS-2008-01

Deemer Date:

SERFF Tracking Number:	FLWR-125609090	State:	Arkansas
Filing Company:	Florists' Mutual Insurance Company	State Tracking Number:	EFT \$25
Company Tracking Number:	08-6		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	AR WC Item U-1397 Adoption 7-1-08		
Project Name/Number:	AR WC Item U-1397 Adoption 7-1-08/08-6		

Company and Contact

Filing Contact Information

Danielle Milby, Compliance Analyst	dmilby@hortica-insurance.com
#1 Horticultural Lane	(618) 655-1822 [Phone]
Edwardsville, IL 62025	(618) 655-2519[FAX]

Filing Company Information

Florists' Mutual Insurance Company	CoCode: 13978	State of Domicile: Illinois
#1 Horticultural Lane	Group Code: 349	Company Type: Parent
PO Box 428		
Edwardsville, IL 62025	Group Name:	State ID Number:
(800) 851-7740 ext. [Phone]	FEIN Number: 37-0277830	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Florists' Mutual Insurance Company	\$25.00	04/15/2008	19565566

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	04/15/2008	04/15/2008

<i>SERFF Tracking Number:</i>	<i>FLWR-125609090</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 04/15/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	FLWR-125609090	State:	Arkansas
Filing Company:	Florists' Mutual Insurance Company	State Tracking Number:	EFT \$25
Company Tracking Number:	08-6		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	AR WC Item U-1397 Adoption 7-1-08		
Project Name/Number:	AR WC Item U-1397 Adoption 7-1-08/08-6		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>FLWR-125609090</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>08-6</i>		
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Rate Information

Rate data does NOT apply to filing.

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Company Tracking Number:	08-6		
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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	04/15/2008
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Comments:

Attachment:

NAIC Property and Casualty Transmittal Document.pdf

Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status:	Approved	04/15/2008
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Bypass Reason: Not Applicable

Comments:

Bypassed -Name:	NAIC loss cost data entry document	Review Status:	Approved	04/15/2008
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Bypass Reason: Not Applicable

Comments:

Property & Casualty Transmittal Document

Reset Form

**1. Reserved for Insurance
Dept. Use Only****2. Insurance Department Use only**

a. Date the filing is received:

b. Analyst:

c. Disposition:

d. Date of disposition of the filing:

e. Effective date of filing:

New Business

Renewal Business

f. State Filing #:


g. SERFF Filing #:

h. Subject Codes

3.	Group Name	Group NAIC #			
4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Florists' Mutual Insurance Company	Illinois	13978	370277830	12

5.	Company Tracking Number	08-6
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Danielle Milby #1 Horticultural Lane	Compliance Analyst II	1-800-851-7740 Ext: 1822	1-618-655-2519	dmilby@hortica-insurance.com
	Edwardsville, IL 62025				
7.	Signature of authorized filer 				
8.	Please print name of authorized filer Danielle Milby				

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	16.0 Workers Compensation
10.	Sub-Type of Insurance (Sub-TOI)	16.0004 Standard WC
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12.	Company Program Title (Marketing title)	N/A
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 09/01/2008 Renewal: 09/01/2008
15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	NCCI
17.	Reference Organization # & Title	UNITS-2008-02 - Item U-1397 Stat. Plan for WC and EL
18.	Company's Date of Filing	April 15, 2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	08-6
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Florists' Mutual Insurance Company is filing to adopt the changes referenced in NCCI Circular UNITS-2008-01 and approved in NCCI Circular UNITS-2008-02 effective July 1, 2008.

[View Complete Filing Description](#)

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #:

Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	08-6			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	N/A		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	08-6
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A

☐ Rate Increase ☐ Rate Decrease ☒ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
4a.	Rate Change by Company (As Proposed)	

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
FMIC	0	0	0	0	0	0	0

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
7.	Effective Date of last rate revision	
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Unit Statistical Workers Compensation and Employers Liability Plan	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	